

Reissued

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Reissued

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: EPSDT Clinics
Advanced Registered Nurse Practitioners
Physicians
Physician Clinics
Health Departments
Federally Qualified Health Centers
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 01-64 MAA
Reissued: October 29, 2001

For Information Call/Email:
Ann Egerton (360) 725-1663
egertam@dshs.wa.gov

From: Thomas W. Bedell, Acting Assistant Secretary
Medical Assistance Administration

Subject: EPSDT Screening Rate Increase for Foster Care Children

Effective for claims with dates of service on and after November 1, 2001 through June 30, 2003, the Medical Assistance Administration (MAA) will increase the reimbursement rate for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screenings for foster care children who receive their medical services through MAA's fee-for-service system.

For the time period listed above, MAA will reimburse providers an enhanced flat fee of \$120.00 per EPSDT screen for foster care children who receive their medical services through MAA's fee-for-service system. This applies to CPT™ codes 99381-99385 and 99391-99395 only.

To receive the enhanced rate, providers **must** include modifier 21 in field 24D on the HCFA-1500 claim form to identify the child as a foster care child.

Foster care is defined as:

Twenty-four hour per day temporary substitute care for a child placed away from the child's parents or guardians in licensed, paid, out-of-home care and for whom the department [DSHS] or a licensed or certified child placing agency has placement and care responsibility...



Continued on next page.

To receive the enhanced rate, providers are required to use either:

- The new DSHS “Well Child Exam” forms for Infancy, Early Childhood, Late Childhood, and Adolescence [DSHS 13-683 A-E(x), 13-684 A-C(x), 13-685 A-C(x), and 13-686A-B(x)]; **or**
- Another charting tool with equivalent information.

The Well Child Exam forms are available from the DSHS Warehouse at no cost and may be used for all children. After completion, these forms must be retained in the client’s file.

To request copies of the Well Child Exam forms, write or fax:

DSHS Warehouse
PO Box 45816
Olympia, WA 98504-5816
FAX: (360) 664-0597

-OR-

Download from the Internet:

<http://www.wa.gov/dshs/dshsforms/forms/eforms.html>

Attached are replacement pages E3-E6 for MAA’s EPSDT Billing Instructions, dated July 2001, reflecting this increased rate. To view MAA’s Billing Instructions and/or Numbered Memorandums, go to: <http://maa.dshs.wa.gov>

Third party liability

You must bill the insurance carrier(s) indicated on the client's MAID card. An insurance carrier's time limit for claim submissions may be different than MAA's. It is your responsibility to meet the insurance carrier's requirements relating to billing time limits, as well as MAA's, prior to any payment by MAA.

You must meet MAA's 365-day billing time limit even if you haven't received notification of action from the insurance carrier. If your claim is denied due to any existing third-party liability, refer to the corresponding MAA *Remittance and Status Report* for insurance information appropriate for the date of service.

If you receive an insurance payment and the carrier pays you less than the maximum amount allowed by MAA, or if you have reason to believe that MAA may make an additional payment:

- Submit a completed claim form to MAA; and
- Attach the insurance carrier's statement.

If you are rebilling, also attach a copy of the MAA *Remittance and Status Report* showing the previous denial.

If you are rebilling electronically, list the Internal Control Number (ICN) of the previous denial in the **Comments** field of the Electronic Media Claim (EMC).

Third-party carrier codes are available via the Internet at <http://maa.dshs.wa.gov> or by calling the Coordination of Benefits Section at 1-800-562-6136.

Fee Schedule

EPSDT Screenings

Note: Make certain that the procedure code you use corresponds correctly to the age of the child receiving the EPSDT services.

Use the PIC of either parent for a newborn if the baby has not yet been issued a PIC. Enter indicator **B** in *field 19* of the HCFA-1500 claim form to indicate that the baby is using a parent's PIC. When using a parent's PIC for twins or triplets, etc., identify each baby separately (i.e., twin A, twin B) using a *separate HCFA-1500 claim form* for each. **Note: The parents' Healthy Options Plan is responsible for providing medical coverage for the newborn.**

Foster Care Children: Effective for claims with dates of service on and after November 1, 2001 through June 30, 2003, MAA will reimburse appropriate providers an enhanced, flat fee of \$120.00 per EPSDT screen for foster care children who receive their medical services through MAA's fee-for-service system. This applies to CPT™ codes 99381-99385 and 99391-99395 only. To receive the enhanced rate, providers must include modifier 21 in field 24D on the HCFA-1500 claim form to identify the child as a foster care child.

CPT™ Procedure Code	Description	Maximum Allowable Fee		
		Non-Facility Setting	Facility Setting	Foster Care

Due to copyright restrictions, MAA publishes only short CPT descriptions, as written by the American Medical Association (AMA). To view the full CPT description, please refer to your current CPT manual.

New Patient

99381	Prev visit, new, infant	\$59.74	\$50.04	\$120.00
99382	Prev visit, new, age 1-4	\$69.00	\$58.79	\$120.00
99383	Prev visit, new, age 5-11	\$78.27	\$67.17	\$120.00
99384	Prev visit new, age 12-17	\$82.88	\$71.80	\$120.00
99385	Prev visit, new, age 18-20	\$87.52	\$75.68	\$120.00

The appropriate diagnosis code is required when billing the above EPSDT screening CPT codes 99381 through 99395.

(CPT codes and descriptions are copyright 2000 American Medical Association.)

CPT™ Procedure Code	Description	Maximum Allowable Fee		
		Non-Facility Setting	Facility Setting	Foster Care

Established Patient

99391	Prev visit, est. infant	\$46.30	\$40.73	\$120.00
99392	Prev visit, est, age 1-4	\$55.57	\$49.50	\$120.00
99393	Prev visit, est, age 5-11	\$64.36	\$57.57	\$120.00
99394	Prev visit, est, age 12-17	\$69.00	\$62.30	\$120.00
99395	Prev visit, est, age 18-20	\$73.63	\$65.73	\$120.00

Interperiodic Screening: Interperiodic screening (or interim screening) is used to rule out suspected health problems if regular screening(s) have already been conducted for the year. Also, when an immunization(s) is the only service performed, an interperiodic screening may be billed.

State Unique Procedure Code	Description	Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting
0252M	Interperiodic Screening (ages 0 through 20)	\$18.42	\$18.42

Physicians, Advanced Registered Nurse Practitioners (ARNPs), and Physician Assistants (using physician's provider number) may bill an appropriate office visit code for the interperiodic screening. The appropriate diagnosis code is required when billing the above EPSDT screening CPT codes 99381 through 99395:

CPT™ Procedure Code	Description	Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting

Laboratory Services

81000	Urinalysis, nonauto w/scope	\$3.15	\$3.15
81001	Urinalysis, auto w/scope	\$3.15	\$3.15
81002	Urinalysis, nonauto w/o scope	\$2.55	\$2.55
81003	Urinalysis, auto, w/o scope	\$2.23	\$2.23
81005	Urinalysis	\$2.16	\$2.16
81007	Urine screen for bacteria	\$2.56	\$2.56
81015	Microscopic exam of urine	\$3.02	\$3.02
81025	Urine pregnancy test	\$3.74	\$3.74
81050	Urinalysis, volume measure	\$2.98	\$2.98
81099	Urinalysis test procedure	B.R.	B.R.
82135	Assay, aminolevulinic acid	\$16.38	\$16.38
83655	Assay of lead	\$12.04	\$12.04
84035	Assay of phenylketones	\$2.10	\$2.10

(CPT codes and descriptions are copyright 2000 American Medical Association.)

CPT™		Maximum Allowable Fee	
Procedure Code	Description	Non-Facility Setting	Facility Setting
84202	Assay RBC protoporphyrin	\$14.28	\$14.28
84203	Test RBC protoporphyrin	\$8.56	\$8.56
85013	Hematocrit	\$2.35	\$2.35
85014	Hematocrit	\$2.35	\$2.35
85018	Hemoglobin	\$2.35	\$2.35
86580	TB intradermal test	\$6.05	\$6.05
86585	TB tine test	\$4.71	\$4.71

Handling Fees

36415	Drawing blood	\$2.41	\$2.41
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Administration of Immunization

Bill both CPT code 90471 and 90472 with one unit per code when administering more than one vaccine. Bill only CPT code 90471 when administering one vaccine. MAA will reimburse up to a maximum of \$8.00 when CPT codes 90471 and 90472 are billed in combination.

90471	Immunization admin	\$5.00	\$5.00
90472	Immunization admin, each add	\$3.00	\$3.00

Immunizations

Immunizations for EPSDT are usually given in conjunction with a screening or interperiodic screening. Do not bill an Evaluation and Management (E&M) code unless there is a separate, identifiable diagnosis from the immunization.

- MAA will reimburse an administration fee (up to \$5.00) for vaccines available through the state's Universal Vaccine Distribution program and the Federal Vaccines for Children program for children 18 years of age and under. When immunizations materials are received from the Department of Health, you must bill the appropriate procedure code with modifier 1H (e.g., 90700-1H). **In the following list, the procedure codes that are shaded identify these vaccines. Do not bill CPT codes 90471 and 90472.**

(CPT codes and descriptions are copyright 2000 American Medical Association.)



State of Washington
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
PO Box 9245, Olympia, WA 98507-9245

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